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ABSTRACT

In July of 1997, Bank Street College of Education's Center for Family Support initiated a collaborative project to provide support to family, friends, and neighbors who care for other people's children. Five agencies participated in the project: the Center, Child Care, Inc., Women's Housing and Economic Development Corporation (WHEDCO), Aquinas Housing Corporation (Aquinas), and the Citizen's Advice Bureau (CAB). The three objectives of the project were to: (1) enhance the quality of care that children receive from kith and kin caregivers; (2) provide these caregivers with information about economic opportunities in the child care field; and (3) enhance community organizations' capacity to meet child care needs in their neighborhoods. In order to achieve project goals, a series of focus groups were conducted to gather information about caregivers. The findings were analyzed and developed into a curriculum to prepare staff of the community organizations to work with caregivers. The project served a total of 135 caregivers in three 6-month cycles. Registration and participation records from 37 caregivers and conversations with program staff provided data regarding caregiver characteristics in the following areas: (1) members of household; (2) marital status; (3) ethnicity, gender, and language spoken at home; (4) education; (5) paid jobs and income source; (6) training; (7) experience; (8) children in care; (9) duration of care; (10) relationship between duration of care and caregiver status; (11) attendance and discussion topics of support groups; and (12) outcomes of the program. In post-project interviews with six participants, the caregivers indicated that they had learned new information that affected the way they worked with children. (LBT)

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THE CHILD CARE AND FAMILY SUPPORT PARTNERSHIP

Informal Care Project: Report on the First Cohort

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Objectives

In July of 1997, Bank Street College of Education's Center for Family Support initiated a two-year project to provide support to family, friends, and neighbors (kith and kin) who care for other people's children. A collaboration among five agencies—the Center, Child Care, Inc., Women's Housing and Economic Development Corporation (WHEDCO), Aquinas Housing Corporation (Aquinas), and the Citizen's Advice Bureau (CAB)—the project had three objectives. One was to enhance the quality of care that children receive from kith and kin caregivers. Another was to provide these caregivers with information about economic opportunities in the child care field. A third was to enhance community organizations' capacity to meet child care needs in their neighborhoods.

Gathering Information About Kith and Kin Caregivers

During the first year of the project, we intended to accomplish three tasks. The first was to conduct a series of focus groups with kith and kin caregivers in low-income communities in New York City. The purpose of the focus groups was twofold: to contribute to the knowledge base about the nature of child care by family, friends, and neighbors; and to inform the nature of our own work with this population of child care providers.

We organized six formal focus groups with a total of 45 caregivers, half of them African American and the other half Dominican and Puerto Rican, during the summer and early fall of 1997. After transcribing the audio tapes, five staff independently analyzed the transcripts for common themes. We used the findings as the basis for a report on kith and kin care ("Neighborhood Child Care: Family, Friends, and Neighbors Talk About Caring for Other People's Children") and the foundation for the development of a Train-the-Trainer Curriculum.

Preparing Staff

Working with the results of the analysis, we developed a curriculum and a course to prepare staff in the community organizations to work with kith and kin caregivers. Designed to be offered over 30 hours, the training covers a wide variety of topics in an experiential and interactive format. Among them are expectations for children (child growth and development); how to work with parents; health, safety, and nutrition; discipline; working with children with special needs; information about resources in the community; and information about career opportunities in child care, especially family child care. In addition, the training includes a wide variety of hands-on activities that caregivers can do with children.

We offered the training to the staff of the community organizations during two weeks in February, 1998. Three staff from each agency—the project coordinator, the group facilitator, and the child care specialist—participated. Center staff alternated with Child Care, Inc. staff as trainers. The final session of the training focused on the development of individual agency plans for recruitment and activities for caregivers.

Program Design

The project was designed to serve a total of 135 caregivers in three six-month cycles. During each cycle, the community development organization was expected to

recruit 15 caregivers for a series of get-togethers, providing caregivers the opportunity to talk about issues of their choice related to caring for children. This report documents the results of the first six-month cycle.

Recruitment

WHEDCO, Aquinas, and CAB began to recruit caregivers during March. Staff distributed English and Spanish fliers in their neighborhoods inviting babysitters to come to open houses. Because participants in the focus groups indicated that they wanted support groups, all three agencies intended to offer two-hour sessions on a bi-weekly basis for a period of four to six months.

The response to the open houses was mixed, ranging from 5 women at CAB to 12 at Aquinas. To increase participation, each of the agencies broadened recruitment efforts. They distributed leaflets door-to-door, visited local churches, and knocked on doors in the neighborhood.

By June, WHEDCO had reached its goal of 15 caregivers; 12 caregivers had enrolled in Aquinas' support group. CAB's participation rates were still low: only two women were enrolled in the support group. (This changed at the end of June, when women who had come to a family child care open house were referred to the kith and kin caregivers group.)

Methodology

Our source of data for this report is registration and participation records from 37 caregivers as well as conversations with program staff. We do not have complete information for all of the participants, because some women who attended the support groups did not complete registrations forms, while others who completed the forms attended only one support group meeting.

Source of referral

Because we wanted to understand how caregivers learned about the program, we gathered data about referral sources. A total of 35 caregivers reported. Most (14 or 40%) learned about the support groups from friends. Program staff ranked second, accounting for 29% or 10 referrals, followed by fliers with 17 %. Three participants indicated that they had learned about the support groups from phone calls. Four others reported that they had learned about the program from other sources, but they did not indicate what these were. None of the caregivers indicated that they had learned about the group through door knocks or referrals from the parents of the children for whom they were caring.

WHEDCO: Of the 22 women who attended at least one support group meeting at WHEDCO, 21 provided information about their source of referral. Most (11) had learned about the support groups from a friend. Five women had learned about the groups from program staff. Fliers were the referral source for three women. One woman learned about the program from a telephone call.

Aquinas: Thirteen caregivers filled out registration forms over the course of nine meetings at the Aquinas support groups. Of those 13, 12 indicated how they learned about the program. Five caregivers (42%) learned about the program through program staff. (Aquinas recruited support group members from their computer learning center.)

Three caregivers (25%) learned about it through friends, and three (25%) through fliers. None of the caregivers learned about the program through a telephone call, a parent, or a door knock, although one marked "other" as her source of referral.

CAB: Although 10 different women attended CAB's support groups, only 2 attended regularly and filled out registration forms. Both of those women learned about the program through the telephone.

CHARACTERISTICS OF CAREGIVERS

Members of Household

We gathered information about household composition, including the household size, the ages of other members of the household, and the relationship to the caregiver. Household size, including the caregiver, ranged from two (23%) to five (14%). Approximately one third of the participants had three family members living with them, while nearly a quarter lived with one other person, generally one of her children.

The participants reported data on the ages and relationships of 67 of the 69 members of their households. Approximately two thirds (46) were their own children, nearly a third (14) of whom were adult children 18 or older. Another third (15) were under 5, and the remainder (13) between 6 and 12. Only three children were teenagers between 13 and 17.

Other household members were husbands, grandchildren, and one each of a father, mother, sibling, grandmother, son-in-law, and niece.

WHEDCO: Twelve participants supplied information about household size. It varied from two (2 participants) to six (2 participants). Three caregivers lived with two other family members, four women lived with three others, and one caregiver had four other household members. Approximately two thirds of these other household members were children, nearly half of them 18 or over.

Other household members consisted of husbands, grandchildren, and a niece, a son-in-law, a grandmother, a sibling, and a mother.

Aquinas: Household size for the 12 caregivers who responded to this question ranged from two (3 participants) to six (2 participants). Four women lived with three other family members, and three shared their household with two other relatives. Like those of the WHEDCO participants, most (71%) of these household members were the children of the participants. In contrast to WHEDCO, none were 18 or older. With the exception of one teenager, all of them were under 13.

CAB: The two caregivers supplied information about their household members. One lived with her child, aged 22. The other lived with her two children (ages 24 and 18) and her husband. The average age of the three children was 21 years.

Marital Status

Of 26 caregivers, slightly more than half (14) indicated that they were single heads of household. Six were unmarried, four were separated, three were divorced, and one was widowed. The remaining 12 were married.

WHEDCO caregivers, who had older children, were more likely to be married than not. More than half of the WHEDCO caregivers (7 of 12) were married. Of the two CAB caregivers, one was married and one was separated. Unlike WHEDCO and CAB, Aquinas caregivers, who had younger children, were less likely to be married. Only one third (4 of

12) of the Aquinas caregivers were married, and two-thirds (8) were single heads of household.

Ethnicity, Gender, and Language Spoken at Home

We collected information on the ethnicity of 26 caregivers. Twenty-five (96%) indicated that they were Latina, and all of them were women. One caregiver, the only male participant, indicated that he was African-American. He was a member of the Aquinas support group.

Twenty-five of these caregivers supplied information about the language they speak at home. Spanish only was spoken in two-thirds (17) of the caregivers' homes. English only was spoken in three (12%) of the homes. Both Spanish and English was spoken in five (20%) of the homes.

Education

Educational data was available for 26 caregivers. Nearly half (12) had completed high school or had earned a GED. Seven of the high school graduates were from WHEDCO; five were from Aquinas. Conversations with program staff indicated that most of the high schools from which the caregivers had graduated were not in the U.S.

Six caregivers—almost a quarter—had some college experience. One woman had earned a Bachelor's degree. By contrast, eight caregivers had less than an eighth grade education and another six had not completed high school.

Paid Jobs and Income Source

Few caregivers supplied information about their most recent paid job and their main source of income. Program staff speculated that the questions felt too invasive for some participants, or that they were not worded clearly. Of the 11 caregivers who answered this question, 5, all from WHEDCO, reported that their most recent paid job was babysitting. It was unclear whether these caregivers were working for money before they started caring for children. Two caregivers, one from WHEDCO and one from Aquinas, had been doing factory work.

Training

Because research links training in child care to child care quality, we sought to learn about caregivers' previous training or experience. Sixteen participants, seven from WHEDCO and nine from Aquinas, responded to this question. Four had participated in child care training. One had completed her C.D.A., and three had completed a family child care training course. Three women had training in related fields. One had completed a three month early childhood course at Haifa University, another had been a nurse in the Dominican Republic, and a third had three hours of nutrition and health training. Four women from Aquinas indicated that they, too, had some kind of training in child care, but they did not specify the content.

Three caregivers indicated that they had participated in workshops on child development. Another three had been involved in workshops or support groups. Although we had requested information on the topic and the agency where these activities had been offered, the participants did not provide this information.

Four caregivers, two from WHEDCO and two from Aquinas, indicated that they had no special training in child development.

Experience

We also asked the caregivers about their previous child care experience. Of the 27 who responded, all had cared for their own siblings, other relatives or their neighbors' children. With one exception, a woman who was childless, they had also cared for their own children.

The caregivers had other kinds of child care experience as well. Ten had volunteered in early childhood settings, six in their children's schools and four in their children's day care, Head Start or pre-kindergarten program. Another woman had volunteered in the children's program at her church. Altogether, six women had worked in child care, five in a center-based early childhood program and three in family child care (two women had done both).

Children in Care

We collected data on the number and ages of children in care, as well as their relationship to the caregivers. The 19 participants who reported these data were caring for a total of 38 children, who ranged in age from 3 months to 12 years. Most (30, or 79%) were under six, a slightly higher percentage than that of the focus groups, in which two thirds of the children were under six. Approximately one third (11) were toddlers between the ages of 12 and 26 months. There was only one infant under 12 months. Eight children were six or older.

Consistent with the focus group findings, the average number of children in care was two. Two thirds of the caregivers were providing care for one or two children. Three caregivers were caring for four children.

Like the caregivers who participated in the focus groups, relatives comprised the largest group of caregivers, accounting for 53% of those who reported this information. Of the 10 relative caregivers, 7 were aunts and 3 were grandmothers. Three caregivers indicated that they were friends of the child or children's parents; two were neighbors. Four women did not report on their relationship.

Two thirds of the 19 participants who responded to the question, including the three women who cared for four children each, provided care during the day. The remaining six (three aunts, two grandmothers, and one unspecified relationship) cared for children at night as well.

Duration of care

We asked the participants to indicate when they had begun to provide child care to the children currently in care. The 16 participants who responded to this question were caring for a combined total of 27 children. On average, the duration of child care was 15 months.

WHEDCO: The nine children for whom these data were reported had been in child care with their current caregivers for an average of 23 months, with a range of less than a month (the child care arrangement had just started) to more than five years. One child had been with the same caregiver since the child was less than a month old. Six had been with the same caregiver since they had been 12 months old.

CAB: Data were available on two children, both of whom were being cared for by a neighbor. She had started to care for each of them when they were less than four weeks old. One was now 21 months; the other 2.5 years old.

Aquinas: The average duration of care for the 10 children about whom these data were reported was 5 months, significantly shorter than that at WHEDCO or CAB. Length of time in care ranged from 1 month to 15 months. None of the children had been very young infants when the child care arrangements started.

Relationship Between Duration of Care and Caregiver Status

Information about the duration of care and the relationship to the caregiver was available for 18 children. It indicates that friends or neighbors cared for children for longer periods on average than relatives. Eleven of the children were cared for by friends or neighbors. The average duration of care was a year, with a range from less than a month to 31 months. Of the remaining seven children who were cared for by a relative (all aunts and one uncle) the duration of care averaged 5 months, with a range of 1 to 11 months. Because we did not ask whether the caregivers received payment, we do not know how or if the duration of care is related to the relationship of the caregiver to the child. We plan to gather these data with the second cohort of caregivers.

The Support Groups: Attendance and Discussion Topics

Although each of the agencies had initially planned to offer the support groups bi-weekly, only CAB continued to do so after the open house. Other groups shifted to weekly meetings. (This scheduling may have contributed to CAB's low participation rate. In July, after it began to offer the groups on a weekly basis, participation improved.) Although discussion topics were selected by the participants, there was remarkable similarity across the agencies. For example, all three groups discussed safety, nutrition, child development, and discipline. Each of them engaged in hands-on activities as well. Other topics included information about family child care licensing and career options.

WHEDCO: WHEDCO hosted 14 meetings for informal caregivers. There were a total of 22 participants, but only 12 were regular attendees. Program staff at WHEDCO explained that some of the caregivers "had to get jobs," and therefore could no longer attend. Some went to work in factories or as home attendants. Others had to go back to their home countries because of family emergencies. One woman came a couple of times, but "wasn't into" the program and dropped out.

The average attendance was 8, with a minimum of 4 and a maximum of 12. Among the topics covered were safety; toilet training; discipline; career options in child care; health and nutrition; arts and crafts; child development; preparing in advance for activities with children; and activities to do with children.

Aquinas: Aquinas hosted nine informal care meetings. Attendance ranged from three to six members, with an average attendance of four. Subjects included licensing; why do child care?; safety; child neglect and abuse; issues with parents; discipline; nutrition; issues with own children in care; and arts and crafts.

CAB: CAB faced uneven attendance, and had difficulty recruiting community members for the discussion groups. CAB hosted seven groups; we obtained attendance data for five of them. Attendance ranged from two to four members, with an average

attendance of three. Topics included safety, cooking activities with children, and setting limits (discipline).

Outcomes

We interviewed six participants, two from each program, to understand the program's impact on their care. All six indicated that they had learned new information that affected the way they worked with children. Three reported that they had learned new ways to approach discipline issues; one said that she had learned new ways to work with feeding issues. All of them said that they had acquired new information about activities to do with children.

There were other outcomes as well. The participants in the WHEDCO group have continued to meet on their own on a monthly basis, which we believe is an indication that the program has strengthened community ties. Since August, two women have become registered as family child care providers. Several women at Aquinas have expressed strong interest in becoming family child care providers; they have been referred to the St. Peter's Child Care Network. The two women who regularly attended CAB's support group have continued as participants in the second cohort.

DISSEMINATION

We completed "Neighborhood Child Care: Family, Friends, and Neighbors Talk about Caring for Other People's Children" in July, and distributed it to a wide audience of policy makers, practitioners, and funders in September. During the year, we made presentations at the annual Save The Children Conference in Atlanta, at the national Family Resource Coalition of America Conference in Chicago, and at the 1998 National Association for the Education of Young Children Conference in Toronto. We also offered a workshop in June at Bank Street College for individuals in the New York metropolitan area.

Toni Porter served as a presenter on two panels on kith and kin care with Ann Collins from the National Center for Children in Poverty. In June, she chaired a panel at the annual Head Start Research Conference with Sharon Lynn Kagan as a discussant. In July, Porter and Collins made a presentation for the Federal Department of Health and Human Services Annual Conference for State Child Care Administrators. In addition, Porter was invited to participate in a national conference on kith and kin care organized by the Cornell Empowerment Center and the National Center for Children in Poverty.

Word about the project has stimulated interest in developing similar efforts outside of New York City. The City of Phoenix has requested United Way funds to create a kith and kin care project in its Enterprise Zone, and has included technical assistance from the Center as part of the proposal. The Center has also received funds from the David and Lucile Packard Foundation to explore the feasibility of developing a comparable effort in the Bay Area.